PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 25 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

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04/25/03--01082--002 **297.50

DOCUMENT #N01000001955

1. Corporation Name
Southside Community Investment Initiative, Inc.

2. Principal Office Address	3. Mailing Office Address
3522 Beach Blvd.	3522 Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32207 Country: Duval	Zip: 32207 Country: Duval

4. Date Incorporated or Qualified To Do Business in Florida: March 15, 2001

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Edward Robinson, Sr.
Street Address (P.O. Box Number is Not Acceptable): 12308 Flynn Woods Road
Suite, Apt. #, Etc.:
City: Jacksonville | State: FL | Zip Code: 32223

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Edward Robinson, Sr. Date: 4/21/03
REGISTERED AGENT MUST SIGN

CR2E081 (1/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Edward Robinson, Sr.	12308 Flynn Woods Road	Jacksonville, FL 32223
V/D	Morris Taylor	13031 Normeds Road	Jacksonville, FL 32257
S/D	Paulette Walker	6414 Bates Drive	Jacksonville, FL 32258
T	Tabitha Robinson	12308 Flynn Woods Road	Jacksonville, FL 32223
T	Willie Davis	12240 Lake Fern Drive E.	Jacksonville, FL 32258
T/D	Glynda Williams	34343 Atherton Street	Jacksonville, FL 32207

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Glynda Williams Glynda Williams 4/21/03 904-398-1625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 4/28